

PAGE 1 OF 2	
REPORT TYPE: DRIVING RECORD	ORDER NUMBER: [REDACTED]
DATA SUBMITTED:	REPORT DATE: 9/16/2025
NAME: [REDACTED]	STATE: [REDACTED]
LICENSE NUMBER: [REDACTED]	DOB: MM/DD/YYYY
REQUESTED BY: [REDACTED]	CLAIM NUMBER: [REDACTED]
COMMENT: <i>this is an official certification of the dmv record on file with this department.</i>	
PERSONAL DATA REPORTED:	
NAME: [REDACTED]	
ADDRESS: [REDACTED]	
DATE OF BIRTH: [REDACTED]	TION: SEE BELOW
LICENSE REPORTED:	
STATE: [REDACTED]	LICENSE NUMBER: [REDACTED]
ISSUE DATE: [REDACTED]	EXPIRATION DATE: [REDACTED]
STATUS: VALID	
CLASS: D	
RESTRICTIONS: NONE	
ENDORSEMENTS: NONE	
HISTORY REPORTED:	
<p>***** PERSONAL DESCRIPTION *****</p> [REDACTED]	
<p>***** LICENSE(S) DATA *****</p> <p>LICENSE NUMBER: [REDACTED]</p> <p>(1) LICENSE TYPE: NON COMMERCIAL STATE CLASS CODE: D LICENSE CLASS: ANY TYPE NON COMMERCIAL VEH FOR RECREATIONAL PURPOSES STATUS: VALID ORIGINAL ISSUE DATE: [REDACTED] ISSUE DATE: [REDACTED] EXPIRATION DATE: [REDACTED] RESTRICTIONS: NONE ENDORSEMENTS: NONE</p>	
<p>STATE MESSAGE(S): EXPIRATION DATES IN THIS DOCUMENT MAY HAVE BEEN EXTENDED PURSUANT TO EXECUTIVE, OR LEGISLATIVE ACTION OF THE ISSUING JURISDICTION RELATED TO COVID-19., PLEASE CONSULT WITH THE JURISDICTION FOR FURTHER DETAILS.</p>	
DRIVER TRAINING: 9	
<p>***** DRIVING HISTORY *****</p> <p>NO ENTRIES FOUND FOR THIS PERSON.</p> <p>CLEAR DRIVING HISTORY AND RECORD.</p>	
REPORT CONTINUED	

REPORT CONTINUED:	PAGE 2 OF 2	OrderNumber: [REDACTED]
OTHER INFORMATION:		
(1)	[REDACTED]	DESCRIPTION: PERSONAL SUB TYPE: HISTORICAL LICENSE STATE CODE: EXPIRED CLASS: CENT ISS TEMP DL, ID OR COMM LRNR PERMIT-ORIGINAL
END OF REPORT		